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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	1,810.00
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Complete if Known

Application Number	10/616,538-Conf. #1953
Filing Date	July 9, 2003
First Named Inventor	Tatsuya Masuki
Examiner Name	W. Aughenbaugh
Art Unit	1772
Attorney Docket No.	59549(71360)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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- 20 = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Fee (\$)	Fee Paid (\$)
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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00
1801 Request for continued examination (RCE) (see 37 ... 790.00)

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	41,281 Telephone (617) 439-4444
Name (Print/Type)	Mark D. Russett	Date	October 20, 2006

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 892895928 US, on the date shown below in an envelope addressed to: **MS RCE**
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 20, 2006

Signature: (Mary Quan)



Application No. (if known): 10/616,538

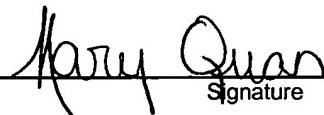
Attorney Docket No.: 59549(71360)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 892895928 US in an envelope addressed to:

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on October 20, 2006
Date



Signature

Mary Quan

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 439-4444

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Certificate of Express Mailing (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)
Fee Transmittal (1 page)
Request for Continued Examination Transmittal (1 page in duplicate)
Amendment (Filed With Request For Continued Examination) (10 pages)
Return Receipt Postcard
Charge \$1,810.00 to deposit account 04-1105